

## Supplemental Application Data Sheet

### **Application Information**

Application number:: 10/092,350  
Filing Date:: 03/07/02  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: Apparatus and Methods Usable In Connection  
With Dispensing Flexible Sheet Material From A  
Roll  
Attorney Docket Number:: 000242.00105  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 21  
Small Entity?:: NO  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	John
Middle Name::	S.
Family Name::	Formon
Name Suffix::	
City of Residence::	Orange Park
State or Province of Residence::	FL
Country of Residence::	
Street of mailing address::	565 Golden Links Drive
City of mailing address::	Orange Park
State or Province of mailing address::	FL
Country of mailing address::	
Postal or Zip Code of mailing address::	32073
Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	Andrew
Middle Name::	R.
Family Name::	Morris
Name Suffix::	
City of Residence::	Green Cove Springs
State or Province of Residence::	FL
Country of Residence::	
Street of mailing address::	3531 Olympic Dr.
City of mailing address::	Green Cove Springs
State or Province of mailing address::	FL

Country of mailing address::

Postal or Zip Code of mailing address:: 32043

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.

Status:: Full Capacity

Given Name:: James

Middle Name:: H.

Family Name:: Murphy

Name Suffix:: \_\_\_\_\_

City of Residence:: St. Augustine

State or Province of Residence:: FL

Country of Residence:: \_\_\_\_\_

Street of mailing address:: 14 Versaggi Rd.

City of mailing address:: St. Augustine

State or Province of mailing address:: FL

Country of mailing address:: \_\_\_\_\_

Postal or Zip Code of mailing address:: 32080

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.

Status:: Full Capacity

Given Name:: Bruce

Middle Name:: T.

Family Name:: Boone

Name Suffix:: \_\_\_\_\_

City of Residence:: Orange Park

State or Province of Residence:: FL

Country of Residence:: \_\_\_\_\_

Street of mailing address:: 1258 Crepe Myrtle Court

City of mailing address:: Orange Park  
State or Province of mailing address:: FL  
Country of mailing address::  
Postal or Zip Code of mailing address:: 32073

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: A.  
Family Name:: Susi  
Name Suffix::  
City of Residence:: ClintonMarlborough  
State or Province of Residence:: MA  
Country of Residence::  
Street of mailing address:: 203 Union St.175 Edinboro Street  
City of mailing address:: ClintonMarlborough  
State or Province of mailing address:: MA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 0151001752

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Paul  
Middle Name::  
Family Name:: Dowd  
Name Suffix::  
City of Residence:: Bronxville

State or Province of Residence:: NY  
Country of Residence:: \_\_\_\_\_  
Street of mailing address:: 830 Bronx River Road  
City of mailing address:: 5B Bronxville  
State or Province of mailing address:: NY  
Country of mailing address:: \_\_\_\_\_  
Postal or Zip Code of mailing address:: 10708

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Will  
Middle Name::  
Family Name:: Isaksson  
Name Suffix:: \_\_\_\_\_  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: \_\_\_\_\_  
Street of mailing address:: 280 Mott St.  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Country of mailing address:: \_\_\_\_\_  
Postal or Zip Code of mailing address:: 10012

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: David  
Middle Name::

Family Name:: Gahris  
Name Suffix::  
City of Residence:: Auburn  
State or Province of Residence:: ME  
Country of Residence::  
Street of mailing address:: 30 Tailwind Ct.  
Apt. 63C  
City of mailing address:: Auburn  
State or Province of mailing address:: ME  
Country of mailing address::  
Postal or Zip Code of mailing address:: 04210

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application			

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: Georgia-Pacific Corporation  
Street of mailing address:: 133 Peachtree Street NE  
City of mailing address:: Atlanta  
State or Province of mailing address:: GA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 30303